Results: Results show, that out of the 500 pupils examined, 14 (2.8%) were infested with the head louse only. This value was statistically significant (p< 0.05), among those infected, with a higher prevalence for girls 13 (92.9%) than boys 1 (7.1%). 90% of the child care givers agreed that, sharing the same bed with others, accounted for the prevalence of the ectoparasite. 30% advocated hand picking of the lice, as a preventive/treatment measure. 100% of the school teachers had good knowledge of pediculosis and agreed that, the infestation is preventable and treatable. Low socio-economic status pre-disposed the children to lice infestation arising from sharing beds, clothing and combs as reported by the enlightened teachers. 90% of the teachers mentioned lack of concentration as the major effect of pediculosis among the school children.

Conclusion: Preventive measures, such as, health education, personal hygiene, regular washing of hairs and use of hair cream containing sulphur, are therefore advocated for efficient eradication of pediculosis among the school-aged children

http://dx.doi.org/10.1016/j.ijid.2016.02.760

Type: Poster Presentation

Final Abstract Number: 43.021
Session: Poster Session III
Date: Saturday, March 5, 2016
Time: 12:45-14:15
Room: Hall 3 (Posters & Exhibition)

Changing profile of malaria: An observational study in a central Mumbai hospital, India

A. Barua[1,*], M.E. Yeolekar[2]

[1] *k.j somaiya medical college, Mumbai, India*
[2] *K.J.Somaiya Medical College and Hospital, Mumbai, India*

Background: Malaria has been one of the leading causes of acute febrile illnesses in India.A definite change in the trend of malarial infections,their clinical features and outcomes has been noticed recently. The present study,in a Mumbai hospital,during 3 consecutive monsoons,was carried out,to observe and compare the changing profile.

Methods & Materials: An observational study was conducted at a hospital in central metropolitan Mumbai,India, during June to October, 2013 to 2015. Febrile patients, admitted, from the medical outdoor and emergency departments,were tested by peripheral smear examination/malaria specific antigen. Other investigations included,total and differential counts,liver function tests(transaminases and bilirubin)and renal function tests(creatinine and urea). Hemodynamic instability(hypotension),thrombocytopenia with manifest bleeding,affected renal function either singly or in combination were the differentiating criteria towards critical care. The clinical, laboratory features and outcomes were compared.

Results: During 2013,of 41 diagnosed Malaria cases,39 were P.Vivax and 2 mixed Malaria.2014 saw a total of 55 Malaria cases,- 23 being P.Falciparum and 16 P.Vivax and mixed malaria each.2015 saw a surge in malarial infections, with 117 diagnosed cases,107 being P.Vivax and only 10 positive for P.Falciparum. No mixed malaria infections were encountered. On comparison of laboratory and clinical features,during 2013,7 (17%) presented with hypotension, 14(34%) had transaminitis while 7 (17%) required platelet transfusion. During 2014, 4 presented with hypotension, 2 each, with bleeding manifestations,jaundice,renal dysfunction and altered consciousness. There was a mortality of 3. Despite the surge in Malaria cases in 2015, with severe anaemia in 98 patients,leucopenia in 77, transaminitis in 44,and thrombocytopenia in 45, platelet transfusion was required by one and all subsequently recovered.

Conclusion: Within the three consecutive years (2013 to 2015), it was observed that, Dengue has overtaken Malaria numerically, as a major cause of monsoon related febrile illness. Within the malarial infections,P.Falciparum appears to be on the decline.P.Vivax, has shown variability in clinical severity.Environmental circumstances that may have contributed need to be looked into.

http://dx.doi.org/10.1016/j.ijid.2016.02.761

Type: Poster Presentation

Final Abstract Number: 43.022
Session: Poster Session III
Date: Saturday, March 5, 2016
Time: 12:45-14:15
Room: Hall 3 (Posters & Exhibition)

Kala Azar patients management in a renovated SK Hospital, Mymensingh - A real experience

A. Basher[1,*], P.N. nath[2], F. Rahman[2]

[1] *Kala Azar project, Mymensingh Medical College Hospital, Mymensingh, Bangladesh*
[2] *Mymensingh Medical College Hospital, Mymensingh, Bangladesh*

Background: Visceral leishmaniasis (kala Azar) is still one of the major rural public health problems in Bangladesh. A cross sectional study was carried out to observe the pattern of Kala-azar patients admitted in SK Hospital Kala- Azar research centre(SKKRC).

Methods & Materials: The suspected kala azar patients from 2012 to 2014, either new case, treatment failure or with complication referred from different hospital were subjected for evaluation.

Results: SKKRC managed 267 cases in 2012, 382 in 2013 and in the year of 2014 total 428 patients. All cases are confirmed by RK-39 or positive LD body on splenic puncture or PCR. We diagnosed 7 patients with Tuberculosis, 10 patients with Hepatitis and 2 patients with Malaria co-infection. Besides numbers of Kala Azar patients presented with other comorbidities. One boy 9 year old got treatment every year in last 5 years in different regimen still positive for LD body. One patient, 12 year hailing from one endemic area with history of getting inj SAG, Miltefosine and Amphotericin at different time. Ten patients developed severe hypersensitivity reaction during treatment with Ambisome. Most of the patients that presented with PKDL had previously been treated for VL with SSG or tab Meltifosine. Recently few patients presented with PKDL after receiving Ambisome for VL treatment. Twenty patients had history of both SSG and Miltefosine treatment for Kala-azar in different time period developed PKDL. Three patients had history of successfully treated PKDL with inj SAG total 120 doses with apparent cure by disappearance of lesion again developed PKDL. Two baby only 2-3 year old diagnosed kala Azar with positive history of mother. One Kala Azar diagnosed pregnant lady delivered a term baby, but unfortunately both were died next day: fetal part placenta was found positive for LD body by PCR. Five patients were found both splenomegaly and PKDL.

Conclusion: Currently, treatment recommendations are usually based on data from endemic regions. There is no clear cut determination of treatment end point. Each species has a different sensibity

to the different anti-leishmanial drugs. Therefore, in depth evaluation is needed for succession of national elimination programme.

http://dx.doi.org/10.1016/j.ijid.2016.02.762

Type: Poster Presentation

Final Abstract Number: 43.023
Session: Poster Session III
Date: Saturday, March 5, 2016
Time: 12:45-14:15
Room: Hall 3 (Posters & Exhibition)

Sporotrichoid papulo-nodules with Retiform rash:Unusual presentation of Leishmaniasis

K. Bhardwaj[1,*], S. Ghate[2], A. dandale[2], R. Dhurat[2]

[1] *Lokmanya Tilak Municipal General Hospital and Lokmanya Tilak Municipal Medical College, Sion Mumbai, Mumbai, Maharashtra, India*
[2] *Lokmanya Tilak Municipal General Hospital and Lokmanya Tilak Municipal Medical College, Sion Mumbai, Mumbai, India*

Background: Leishmaniasis is caused by intracellular protozoal parasites belonging to the genus Leishmania. HIV infection is an important factor for atypical presentation and widespread progression of visceral leishmaniasis

Methods & Materials: A 54-yr-old Nepali male diagnosed with HIV infection in 1994 on HAART from 2012 with baseline CD4 count 90,complained of multiple dome shaped painful lesion over both hands since 12 months. He has received multiple blood transfusion for pancytopenia in last 3 years without any improvement in blood count. On examination he was emaciated,had pallor with generalised lymphadenopathy. He had distended abdomen with massive hepatosplenomegaly. Cutaneous examination showed multiple sporotrichoid dome shaped firm tender papules and nodules over bilateral hands with isolated nodules on nose, bilateral elbows, buttocks, ankles along with net-like violaceous to erythematous coalescing papules over bilateral legs and trunk.

Results: Punch biopses from a nodule on hand and violaceous papule over the leg showed multiple intracytoplasmatic amastigotes within histiocytes on H & E and Giemsa stain. Bone marrow aspirate showed intra and extra-cellular LD bodies on Giemsa staining. Diagnosis of Visceral Leishmaniasis with cutaneous dissemination in a HIV-AIDS patient was kept.IV Amphoterecin 1 mg/kg/day was administered for 30 days along with blood tranfusion.1 month later patient followed up with partial resolution of skin lesions which showed persistent parasites and CD4 count remain below 100/mm3. In spite of HAART and anti-leishmanial therapy, no significant increase in CD4+ T-cells was ob-served. Patient died later

Conclusion: In the setting of HIV,visceral leishmaniasis represents an opportunistic infection. Cutaneous localization is rarely described in AIDS and usually represents the primary site of infection,with a low number of lesions; however, a diffuse skin localization secondary to visceral dissemination of the protozoa is exceedingly uncommon

http://dx.doi.org/10.1016/j.ijid.2016.02.763

Type: Poster Presentation

Final Abstract Number: 43.024
Session: Poster Session III
Date: Saturday, March 5, 2016
Time: 12:45-14:15
Room: Hall 3 (Posters & Exhibition)

Utility of Polymerase chain reaction in diagnosis of Acanthamoeba and Microsporidial keratitis

N.K. Bhosale[1,*], J. Mandal[2], S. parija[3], S. Ahuja[4]

[1] *Mahatma Gandhi Medical College and Research Institute, Pondicherry, Pondicherry, India*
[2] *Jawaharlal Institute of Postgraduate Medical Education and Research, Puducherry, India*
[3] *Jawaharlal Institute of Post Graduate Medical Education and Research, Pondicherry, India*
[4] *JIPMER, Pondicherry, India*

Background: *Acanthamoeba* and Microsporidia are two opportunistic parasitic organisms which are now increasingly recognized as significant emerging cause of microbial keratitis. Early and accurate diagnosis is the most vital step in managing these infections as prognosis is directly related to timely diagnosis. Lack of clinical suspicion, clinical resemblance of the early stages to herpetic keratitis, cumbersome and expensive isolation techniques are some of the factors which makes the diagnosis more challenging Current methods of diagnosis these parasites depends mainly upon their morphologic demonstration in the clinical specimen by microscopy. There is scope for diagnostic methods which are rapid, have high precision, specificity and sensitivity. PCR is a rapid and sensitive method for diagnosis and species identification of Microsporidia and *Acanthamoeba.*

Methods & Materials: **Objective**: Evaluation of the diagnostic utility of PCR in comparison to the conventional test.

Design: Descriptive study

Participants: All patients with suspected microbial keratitis presenting between October 2012 to June 2014 at the Ophthalmology OPD, JIPMER hospital.

Methods: A total of 50 consecutive non-duplicated cases of keratitis were included in the study period of two years. All the samples were subjected to the conventional test like microscopy using Gram stain and modified trichrome stain, and PCR for *Acanthamoeba* and Microsporidia.

Results: Mean age group of the patients in this study was 48.3 years and majority of them were females (54%). The predominant symptom with which the patients presented in our study was pain (60%) . Corneal trauma with vegetative matter was a major risk factor accounting for 20%. Out of the 50 samples, 30% were bacterial keratitis and 16% were fungal keratitis. One (2%) of the specimens was positive for *Acanthamoeba* and two (4%) were positive for microsporidia by PCR, while, none of the specimens was positive by microscopy for *Acanthamoeba* and Microsporidia on Modified trichrome stained smears.

Conclusion: Hence, this establishes the fact that PCR is superior to microscopy as it is a sensitive cum rapid method for the diagnosis of keratitis due to *Acanthamoeba* and Microsporidia.

http://dx.doi.org/10.1016/j.ijid.2016.02.764